10700052162

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2012 JUL -3 PH 1: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

EXAMINER



June 19, 2012

JOSEPH FARD 11501 S. ORANGE AVENUE ORLANDO, FL 32824

SUBJECT: SERENITY DEVELOPMENT OF CENTRAL FLORIDA LLC

Ref. Number: L07000052162

We have received your document for SERENITY DEVELOPMENT OF CENTRAL FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 112A00016970

2012 JUL -3 PH 1: 82

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Serenity De	velopment of Ce	ntral Florida, LLC	<u> </u>	
DOCUMENT NUMI	BER: L0700005216	2		_	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Joseph Fard				
	Name of Contact Person				
	Serenity Development of Central Florida, LLC				
	Firm/ Company				
11501 S. Orange Avenue					
Address					
	Orlando, FL 32824				
		City/ State and Zip Code	e		
jfar	d@sitekusa.com				
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)	_	
					
For further informatio	n concerning this matter, pleas	se call:			
Joseph Fard		at (407	898-9706		
Name of Contact Person		Area Code & Daytime Telephone Number		umber	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	2012 J. SECRE TALLAH	
Ame Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	TARY OF STATE ASSEE. FLORIDA	

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Someraty Development of Central Florida, UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Soseph Fand Name of Person
Severity Development of Central Florida, UC
11501 S. Orange Ave.
orlando, A. 32824 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 898 - 9700 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \t
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Control of Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number LO2000531(02 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> **Address** Type of Action Remove Nevin Fard Remove Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 26 Signature of a member pranthorized representative of a member yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00